

# Council Tax Application for Severely Mentally Impaired Discount



## LOCAL GOVERNMENT FINANCE ACT 1992.

Please complete all sections and return with all relevant documentation to:-  
Revenues Service, Town Hall, Rugby CV21 2RR  
For enquiries telephone 01788 533488.

Email: council.tax@rugby.gov.uk

Our Ref: CTDISM/

1. Name of person who is severely mentally impaired \_\_\_\_\_  
(A definition of the disability is given later)
2. Total number of resident adults in the property \_\_\_\_\_  
(People aged over 18)
3. Date you wish the discount to start from \_\_\_\_\_

**Definition:** A person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. (A certificate will be sent to the doctor for completion. A copy of the certificate will be sent to you.)

In order to qualify for the exemption the person named above *must* satisfy certain benefit conditions (please tick which one is appropriate and supply a copy of your entitlement letter or benefit book) and have a certificate signed by a doctor.

- Incapacity Benefit.
- Attendance allowance.
- Severe disablement allowance
- The care component of a disability living allowance at the highest or middle rate.
- An increase in the rate of their disablement pension (due to constant care).
- The standard or enhanced rate of Daily Living Component of the Personal independence
- An unemployability supplement payable as an increase to disablement benefit.
- Unemployability allowance payable with war disablement pension.
- Constant attendance allowance
- Income support where the applicable amount includes a disability premium.

**Authorisation of the Head of Resources.**

I authorise you to seek on the applicants' behalf, completion of a medical certificate from the following registered medical practitioner\*. I agree that the certificate should be returned direct the Director of Corporate Services, with a copy to be sent to me.

Doctors Name\* \_\_\_\_\_

Doctors surgery/ Hospital address \_\_\_\_\_

Signature of person acting on applicants behalf. \_\_\_\_\_

Full Name and Address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

\* This will normally be the applicants' general practitioner. Any certificate issued by the general practitioner will be for use only in applying for a status discount for Council Tax purposes.

**I declare that I am the named person who is acting on behalf of the applicant and the information given is true and correct.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Email** \_\_\_\_\_

**You must notify the Council Tax office if any of the above information changes.**